

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90175 023 \*\*\*\*61.25

**DOCUMENT # NO2000006049**

1. Entity Name

**LA CHAINE JEUNE CO MMIS/ JEUNE SOMMELIER 2003, I NC.**



Principal Place of Business

**1302 LOMA LANE  
THE VILLAGE FL 32159**

Mailing Address

**1302 LOMA LANE  
THE VILLAGE FL 32159**

2. Principal Place of Business

3. Mailing Address

**2945 HEATHER BOW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

**34235-7202**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMS, LARRY  
1302 LOMA LANE  
THE VILLAGE FL 32159**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **DICK, MEL**  
STREET ADDRESS **1600 NW 163RD STREET**  
CITY-ST-ZIP **MIAMI LLA FL 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CARUSO, JOE T**  
STREET ADDRESS **1085 CAROL COURT**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **THIRION, JERRY**  
STREET ADDRESS **9891 GULF SHORE DR**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03 (941)378-9563**

Date Daytime Phone #

CR2E037 (10/02)